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Total Number of Pages in This Submission

2

Application Number 10/694,928

Filing Date 10/27/2003

First Named Inventor Ian A. Maxwell

Art Unit 2883

Examiner Name D. Dupuis

Attorney Docket Number 304122000600

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fernandez & Associates LLP		
Signature			
Printed name	Mircea Achiriloaie		
Date	3/2/06	Reg. No.	48,880

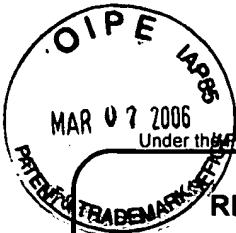
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	101694,928
Filing Date	10/27/2003
First Named Inventor	Ian A. Maxwell
Art Unit	2883
Examiner Name	D. Dupuis
Attorney Docket Number	304122 000600

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22877

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

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Date

3/2/06

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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